

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/02/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155269		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/11/2012	
NAME OF PROVIDER OR SUPPLIER  EAST LAKE NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 JEANWOOD DR ELKHART, IN 46514			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00105727.</p> <p>Complaint IN00105727- Substantiated. Federal/state deficiencies related to the allegations are cited at F371.</p> <p>Survey dates: 4/9 and 4/11/12</p> <p>Facility number: 000169 Provider number: 155269 AIM number: 100267100</p> <p>Survey team: Ellen Ruppel, RN</p> <p>Census bed type: SNF: 7 SNF/NF: 127 Total: 134</p> <p>Census payor type: Medicare: 25 Medicaid: 81 Other: 28 Total: 134</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/13/12 by Suzanne</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a Desk Review in lieu of a Post Survey Review.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Williams, RN						

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F0371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>Based on observation, interviews and record review, the facility failed to distribute food under sanitary conditions during two of three meals observed on the secured Memory Care Unit. This potentially affected 20 residents who received their meals in the Memory Care Unit dining room of 134 residents residing in the facility.</p> <p>Findings include:</p> <p>During observation of the secured Memory Care Unit, on 4/9/12 at 2:40 p.m., the residents from the unit were congregated in the activity/dining area for an activity.</p> <p>A cart with clean dishes on it was observed in the main hallway beside the entrance to the activity/dining area. The plates, bowls and saucers were upright, with no covering to protect them from contamination. The glasses were inverted on the cart.</p> <p>The time schedule, provided by the</p>		F0371	<p>This provider ensures that the facility stores, prepares, distributes, and serves food under sanitary conditions.</p> <p>The Memory Care Unit began immediately to leave plates, bowls, and saucers covered in a sanitized cart previous to distribution of food to the residents.</p> <p>No other residents had the potential for harm by the deficient practice. The Memory Care Unit began immediately to leave plates, bowls, and saucers covered in a sanitized cart previous to distribution of food to the residents.</p> <p>Memory Care Unit staff and Dietary staff will be re-educated on the proper safeguarding of plates, bowls, saucers, utensils, etc. This training will occur on 4/26/2012. The Charge Nurse will ensure that plates, bowls, saucers, and glasses are properly safeguarded according to policy by visual observation. If any are found to not be safely stored, these items will be sent back</p>		04/27/2012	

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	<p>Administrator, for the Cottage Unit, Memory Care Unit, indicated the evening meal would be started at 5:15 p.m., allowing the uncovered dishes over two hours of exposure to staff, visitors and residents passing by in the hallway.</p> <p>When queried about the uncovered items, on 4/9/12 at 3:00 p.m., the Food Service Supervisor indicated she was unsure if the dishes needed to be inverted or covered.</p> <p>During observation of the Memory Care Dining area at 7:10 a.m., on 4/11/12, the plates, bowls and saucers had been placed on the tables upright with the eating surfaces exposed, the drinking glasses had been inverted on place mats. The licensed nurse (#1) indicated the tables had been "set up" during the night by the 10:00 p.m. to 6:00 a.m. staff. She indicated she was unsure what time the dishes had been placed on the tables and food would be placed on them when residents arrived. The upright dishes had not been covered. Residents were observed beginning to enter the area for breakfast, at 7:15 a.m.</p> <p>Review of the 5/2006 facility policy for clean equipment and utensils, on 4/11/12 at 10:00 a.m., indicated, in part:</p> <p>"3. Glasses and cups will be stored in an inverted position.</p>		<p>to the kitchen for sanitation.</p> <p>The Memory Care Facilitator and the Certified Dietary Manager will perform monitoring 3 times per week for 6 months or until a consistent pattern of compliance is established to ensure compliance in the Memory Care Unit. Results to be reported to CQI committee monthly.</p>				

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	<p>4. Other stored utensils will be covered or inverted whenever possible."</p> <p>This federal tag relates to Complaint IN00105727.</p> <p>3.1-21(i)(3)</p>						